



# INCORPORATING LIFESTYLE MEDICINE INTO DPC: A CASE STUDY

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# Learning Objectives

1. Describe the fundamental principles of lifestyle medicine and how they can be integrated into direct primary care settings to enhance patient outcomes.
2. Recognize specific lifestyle interventions (such as nutrition, physical activity, sleep, and stress management) that can be implemented within a direct primary care model and models of implementation.
3. Identify common challenges in integrating lifestyle medicine into practice.



## Background



## Case Study



## Pillars of Lifestyle Medicine



*Live Content Slide*

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**Poll: What's one lifestyle pillar you wish you had more time and/or experience to address?**

## Lifestyle Medicine

- LM improves outcomes for chronic conditions *and* patient satisfaction.
- What makes lifestyle medicine so powerful?
- How can it be optimally practiced?

# Challenges

- **Time and burnout** → leverage groups, shared tools, task-sharing
- **Billing confusion** → DPC's freedom to be creative
- **Patient resistance** → motivational interviewing, meet them where they are
- **Perceived “non-compliance”** → reframe as lack of support or resources



DPC is THE best practice model  
for lifestyle medicine



## The Secret Sauce: LM + DPC

You *can* spend 60 minutes talking about nutrition.

You *can* text follow-ups about exercise routines.

You *can* know a patient's barriers because you  
*have time* to ask.

Not pressed to get butts in seats



## LM Interventions: Community Engagement

- Giving talks at local community centers
- Walk with a Doc
- Diabetes Prevention Program
- Farmers Markets



# LM Interventions: DPC Patient Engagement

- Shared Medical Appointments
- Dietary assessments
- Health metric assessments beyond the scale
- Advanced biometric testing
- Teaching kitchen
- Mindfulness/meditation during appointments



## LM only

- Nice to offer as an option
  - LM consults
- Can be a pipeline to DPC memberships
- Work with a DPC practice near you
- Hard to separate out if you do also run a DPC yourself
  - Need to set boundaries





## How I've implemented LM

- Group visits
- Coordination of care
- Home visits
- Teaching Kitchen
- Weight neutral care
- LM Consults
- Walking appointments
- Exercise prescriptions
- Food log tracking
- Recipe prescriptions
- Regular check ins
- Disordered eating/anti-diet focus
- Body composition testing
- Academics



## Media as a means for LM education

- DPC allows us to speak for ourselves, autonomously sharing information
- Talk Pittsburgh
- Instagram
- YouTube
- Substack



## Teaching Kitchen



## Teaching Kitchen

- Keep it simple
- Mobile cooking cart
- Virtual-only
- Don't reinvent the wheel!



# Next steps

## DCPP

Group visits for GLP-1  
Longitudinal med student  
involvement

## Rebel

Medical Fitness Program  
Women's Health Mental Health  
Weekend  
Find teaching kitchen  
coordinator (longitudinal med  
student involvement)



## Resources

Aubrey Gordon books  
Maintenance Phase podcast  
Daily Dozen app  
Fiber Fueled Book and Cookbook  
Imconference.org  
ACLM  
Culinary Medicine  
Teaching Kitchens Collaborative



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## Social Q&A for Incorporating Lifestyle Medicine into DPC



## QUESTIONS?

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